

Wesley Neurology Clinic, P. C.
Examples of Use and Disclosure of Health Information

For Treatment: We may disclose information obtained from you or produced by us in the process of treating you to doctors, nurses, technicians, health students, or other personnel involved in your care or the operation of our office. This information may be shared with other doctors, labs, pharmacies, diagnostic centers, or hospital personnel. This information may be in writing, computer generated data, or through telecommunications. For example the information contained in your medical record, demographic information such as name, address, date of birth, social security number, and specific identifying health information, descriptions of symptoms, and test results. We may disclose information to family members or other caregivers identified by you for us to release information to.

For Payment: We may disclose information to any third party involved in the payment for services received from our office. This may be for prior approvals for treatment, completion of insurance forms, and other collection activities. Information disclosed may be demographic information mentioned above along with dates of services and specific services provided to you.

For Health Care Operations: We may disclose information to our staff in the process of the normal operation of our practice. This may be through the developing and maintenance of medical records, billing and insurance systems, or for the evaluation of the performance of our staff in caring for you. We may disclose information to our business associates in the process of obtaining outside transcription services, software support of our computerized billing systems, medical records storage, for training, protocol and clinical guideline development, quality assessment activities, legal services, and insurance. We may also disclose information by an automated appointment reminder system.

We may disclose information without authorization for the following reasons:

Emergencies: In the event of an emergency treatment we may share information with other health care workers to obtain immediate care for you.

As required by law: You will be notified of any such disclosures.

Public Health Activities: To prevent or control disease, injuries, or disability. To report births, deaths, child abuse or neglect, victims of abuse or neglect, or in the case of suspected domestic violence, reactions to medication, or problems with products, to assist in notification of recalls of products or medications, according to FDA regulations.

Health Oversight Agencies: For activities authorized by law, such as audits, investigations, and inspections including oversight by government agencies, benefit programs, or other regulatory agencies and civil rights boards.

Legal Proceedings: In the course of judicial or administrative proceedings in response to an order of the court or tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Coroners, Funeral Directors, and Organ Donation Services: For the purpose of determination of death or identification or in the process of assisting these agencies in the performance of their duties as authorized by law. We may disclose information in reasonable anticipation of death when a willing donor has been identified and as authorized by law.

Research: We may disclose information to researchers when their research has been approved by an institutional review board and the assurance of privacy and established protocols are followed.

Military and Veterans: If you are a member of the armed forces, we may release information as required by military command authorities.

Worker's Compensation: We may release information about you for worker's compensation or similar programs providing benefits for work related injuries or illness.

This notice is provided to you as required by the Privacy Regulations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and is designed to inform you of how your Protected health Information (PHI) is used and disclosed in the provision of health care services to you and your rights to this information. This notice is effective as of April 14, 2003

Wesley Neurology Clinic, its physicians, staff, business associates, and other related medical personnel will abide by all Federal and State laws to protect the privacy of information that identifies you and will disclose only the minimum information required for your treatment, operations of our health care practice, to obtain payment from a third party, to contact you through an automated appointment reminder system and as required by federal, state, or local laws, to advert a serious threat to your health or safety, or in the case of a workers' compensation for the review and treatment required by law, for public health risks, for health oversight activities for legal law enforcement activities and coroner or funeral directors duties under legal guidelines for deceased persons, for national security and intelligence activities to protect the President and other heads of state, and if you are an inmate to the correctional institution law enforcement officials of custody. If we engage in any research we may disclose information to others in preparation to conduct this research. We ask for specific permission in the researcher will have access to your name, address, and other identifying information.

The medical and billing records we maintain are the property of Wesley Neurology Clinic. All request for access or other information related to these rights must be submitted in writing to our office. You have the right to submit a written request for a copy of your records. We may charge for a copy of your record in accordance with state law. You have the right to request that we amend this information and we will abide by the regulations for this amendment. You have the right to request a list of disclosures of information, other than for the treatment and obtaining of care on your behalf, after April 14, 2003 and for a period of no longer than six years. If we are unable to provide this list in 30 days of your request, we may request an extension of time of an additional 30 days. You have a right to request restrictions of limitations on the disclosure of your PHI but we are not required to agree to your request if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. You may also request confidential communications in writing.

This is a brief description of our policies and your rights in compliance with the HIPAA regulations. We will provide you with a more comprehensive description of the above upon request. We have provided examples of the above types of disclosures. We reserve the right to change this notice to comply with any changes in federal or state laws and will provide you with a new notice upon your next visit to our clinic after such changes.

If you believe your privacy rights have been violated, you may file a complaint with us without retaliation by writing to our Administrator at Wesley Neurology Clinic, 8000 Centerview Parkway, Suite 305, Cordova, TN, 38018 or contact the Secretary of the Department of Health and Human Services.

Please do not return this to our office. Keep for your records.
Thank you.